Name in Full: Mary Bond

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Fairfield ~~A.A.Co~~ County: A.A

Date of death: Month: July Day: 12th Year: 1904

Age: Years: 47 Months: Days:

Sex: Female Color or Race: White Birthplace: Wales

Occupation: Housewife Where Residing if not at place of death:

Married, Single or Widowed: Married Name of ~~Wife~~ or Husband: Geo. J. Bond.

Father's Name: John Bird Father's Birthplace: Wales

Mother's Maiden Name: Unknown 95 Mother's Birthplace: —

Name of person giving Imformation: Geo J Bond How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: How long:

Immediate: acute Pulmonary Congestion How long: 3 weeks.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: D. C. Hodges

Address: 1565 W. Fayette St. Baltimore City.

Accident or Suicide?

LIBRARY BUREAU A83818

Name in Full: Accie Ann Boyer

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Gambrills; County: Anne Arundel; MARYLAND

Date of death 1904: Month: 2; Day: 24; Age — Years: 37; Months: 9; Days: 24

Sex: Female; Color or Race: White; Birthplace: Woodward Ville Md

Occupation: Housewife; Where Residing if not at place of death:

Married, Single or Widowed: Married; Name of Husband: John Wesley Boyer

Father's Name: Martin Mallonee; Father's Birthplace: Woodwardville Md

Mother's Maiden Name: Lidia Anderson; Mother's Birthplace: P.G. Co

Name of person giving Imformation: Charlot Boyer; How related to deceased: Sister

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Brights desease; How long: dont know

Immediate: Asthenia; How long: 8 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J W DuBois M D

Address: Gambrills Md

~~Accident or Suicide?~~

LIBRARY BUREAU A28516

Name in Full: William Branford

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Burtonsville — County: Anne Arundel

Date of death: 1904 — Month: Feb — Day: 26 — Age: Years: 36 — Months: 6 — Days: 3

Sex: Male — Color or Race: Negro — Birthplace: Anne Arundel Co

Occupation: Laborer — Where Residing if not at place of death:

Married, Single or Widowed: single — Name of Wife or Husband:

Father's Name: James Branford — Father's Birthplace: Anne Arundel Co

Mother's Maiden Name: Lucretia Queen — Mother's Birthplace: Anne Arundel Co

Name of person giving information: Edward Branford — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Double Pneumonia — How long: 9 days

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Signature of Physician: Thomas H Brayshaw

So far as I know — Address: Glen Burnie

Accident or Suicide?

LIBRARY BUREAU A09516

Name in Full

James a Brown

Certificate of Death

Died at Town: Marley County: Anne Arundel MARYLAND

Date 1904 Month: Feb Day: 19 | Age Y. 37 M. D. | Native of MD | Occupation Laborer

Male ~~Female~~ | ~~White~~ Colored | Married Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 7

Husband of Wife: Mary Brown 27.

Father's Name: Levin Washington Mother's Maiden Name: Mary E Howard

Cause of Death — Primary: Catarrh — Immediate: Consumption — How long sick: 4 months

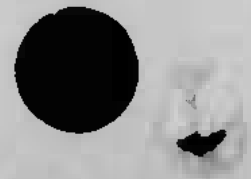
Accident, Suicide, Homicide

Reported by Chas Howard

Address Marley a a Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79895



Name in Full: George M. Carter

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Annapolis — County: Anne Arundel

Date of death 1904: Month: Feby — Day: 21st — Age: Years — Months: Nine — Days

Sex: Male — Color or Race: Colored — Birthplace: Annapolis

Married, Single or Widowed — Occupation

Name of Wife or Husband

Father's Name: George Carter — Father's Birthplace: Annapolis

Mother's Maiden Name: Lidie Clayton — Mother's Birthplace: Anne Ar Co

Name of person giving Information: Mother — How related to deceased: Mother

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Congenital Lues — How long: Months

Immediate — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John Ridout MD

Address: Annapolis Md

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A6851G

Name in Full: Edward C Ward Coffin.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: East Port — County: Anne Arundel

Date of death 190: Month: Feb. — Day: 21 — Age: Years: 0 — Months: 6 — Days: 2

Sex: Male — Color or Race: White — Birthplace: East port.

Occupation: None — Where Residing if not at place of death: East port.

Married, Single or Widowed — Name of Wife or Husband: Mrs Henry L. Coffin Jr.

Father's Name: Mr Henry L. Coffin Jr. — Father's Birthplace: Annapolis Md

Mother's Maiden Name: Mrs. Sallie A. Coffin — Mother's Birthplace: East port Md

Name of person giving information: Mother & Father — How related to deceased: Bronchitis.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Capillary Bronchitis — How long: Six days

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John Ridout M.D

Address: Annapolis Md

Accident or Suicide?

LIBRARY MUSEUM A38516

Name in Full: Still Born

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Romans Row — County: Anne Arundel

Date of death: Month: Feby — Day: 7 — Years: — Months: — Days: —

Age

Sex: Male — Color or Race: Colored — Birth-place: aaco

Occupation: —

Where Residing if not at place of death: —

Married, Single or Widowed: —

Name of Wife or Husband: —

Father's Name: Joseph Colbut — Father's Birthplace: aa Co.

Mother's Maiden Name: Willie Smith S. — Mother's Birthplace: aa Co.

Name of person giving Information: J. A. Adams — How related to deceased: Undertaker

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Stillborn — How long

Immediate — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Parent

Address

Accident or Suicide?

LIBRARY BUREAU Ad6616

Name in Full: Joel Conway

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mor Elkridge; County: Anne Arundel

Date of death 1904: Month: Feb; Day: 2; Age: Years: 73; Months; Days

Sex: Male; Color or Race: White; Birthplace: Mor Elkridge

Married, Single or Widowed: Single; Occupation: Farmer

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Jesse Conway; Father's Birthplace: Avalon Balto Co Md

Mother's Maiden Name: Deborah Meek; Mother's Birthplace: Anne Arundel Co Md

Name of person giving In formation: Wilson Conway; How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Phthisis; How long: Six months

Immediate: La Grippe; How long: 2 weeks

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: C R Emerson

Address: Elkridge Md

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: Frances Dickson

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Annapolis — County: A A

Date of death 1904 — Month: Feb — Day: 14th

Age — Years: 38 yrs — Months — Days

Sex: Female — Color or Race: colored — Birthplace: Md

Married, Single or Widowed: Widow — Occupation: Cook

Name of Wife or Husband: Charles Dickson

Father's Name: Unknown — Father's Birthplace: Md

Mother's Maiden Name: Unknown — Mother's Birthplace: Md

Name of person giving information — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Tuberculosis — How long: Months

Immediate: Exhaustion — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John Ridout M.D.

Address: Annapolis Md

Accident or Sulcide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A38616

Name in Full: Mary Madeline Gantt

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Annapolis — County: A A

Date of death 1904 — Month: Second — Day: 24 — Age — Years: 9 — Months: 4 — Days: 22

Sex: Female — Color or Race: White — Birthplace: Annapolis

Occupation — Where Residing If not at place of death

Married, Single or Widowed — Name of Wife or Husband

Father's Name: Wm. E. Gantt — Father's Birthplace: A. A. Co

Mother's Maiden Name: Mary E. Johnson — Mother's Birthplace: Annapolis

Name of person giving information: Wm. E. Gantt — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Typhoid Fever — How long: 3 Wks.

Immediate: Heart Failure — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Scurll S. Hepburn M.D.

Address: Annapolis Md.

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: John Geis

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Brooklyn — County: Anne Arundel

Date of death: Month: 2 — Day: 18 — Years: 75 — Months: 9 — Days: 21

Sex: Male — Color or Race: White — Birthplace: Germany

Occupation: Blacksmith — Where Residing if not at place of death:

Married, Single or Widowed — Name of Wife or Husband: Mary C Geis 11

Father's Name: John Geis — Father's Birthplace: 11

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Information: Harry Geis — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Old age — How long:

Immediate: Heart failure — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Wm L Hawkins MD

Address: Brooklyn Md

Accident or Suicide? Natural

LIBRARY BUREAU A88816

Name in Full: Henry Green

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Annapolis (County) Anne Arundel MARYLAND

Date of death 1904 (Month) July (Day) 7

Age (Years) 98 (Months) — (Days) —

Sex Male

Color or Race Colored

Birthplace Md.

Occupation Laborer

Where Residing if not at place of death 52 North West St.

Married, Single or Widowed Widow

Name of Wife or Husband Sophia Green

Father's Name Unknown

Father's Birthplace Unknown

Mother's Maiden Name Sophia Green

Mother's Birthplace Md.

Name of person giving information Harriet McPherson

How related to deceased Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Chronic Bronchitis — How long Don't know

Immediate Exhaustion — How long Several days

Are the name, age, sex, color, date and place correctly given above? Probably

Signature of Physician F. H. Thompson M.D.

Address 193 Church St. Annapolis, Md.

Accident or Suicide?

LIBRARY BUREAU A66016

Name in Full: Herbert Green

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Conways; County: Anne Arundel

Date of death: 1904; Month: 2; Day: 14; Age: Years: 4; Months; Days

Sex: Male; Color or Race: Black; Birthplace: Conways

Occupation; Where Residing if not at place of death

Married, Single or Widowed: Single; Name of Wife or Husband: X

Father's Name: Samuel A. Green; Father's Birthplace: Conways

Mother's Maiden Name: Addie Tyler; Mother's Birthplace: Conways

Name of person giving Information: Wm Carter; How related to deceased: Uncle

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: La Grippe; How long: 1 Week

Immediate: Pneumonia; How long: 13 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. E. DuBois M. D.

Address: Sambrills Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Henry D Hargrove

CERTIFICATE OF DEATH

MARYLAND

Town: Annapolis County: A A

Died at

Date of death 1904 Month: Feb Day: 20th

Age: Years 1 Months 6 Days

Sex: Male Color or Race: Colored Birthplace: Annapolis

Occupation Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Daniel Hargrove Father's Birthplace: Annapolis

Mother's Maiden Name: Lilly Clayton Mother's Birthplace: Md

Name of person giving information: Mother How related to deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Pneumonia How long: Ten days

Immediate: Exhaustion How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John Ridout M.D.

Address: Annapolis Md

Accident or Suicide?

LIBRARY BUREAU A8S31S

Name in Full: Anne Rebecca Harman

CERTIFICATE OF DEATH

MARYLAND

Died at: Brooklyn — Town: a — County: a

Date of death: Month 2, Day 4, 1904 — Age: Years 62, Months —, Days —

Sex: Female — Color or Race: White — Birthplace: Maryland

Occupation: Housewife — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Andrew Harman

Father's Name: John Watts — Father's Birthplace: Md

Mother's Maiden Name: Rebecca — Mother's Birthplace: Md

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Name of person giving Information: Chas J Stull — How related to deceased: Not related

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 5 days

Immediate: Heart failure — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J R Robinson

Address:

Accident or Suicide? No

LIBRARY BUREAU A88516

Name in Full: Charlotte Harris

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Annapolis — County: Anne Arundel

Date of death: Month: Feb — Day: 16th — 1904

Age: Years: 62 yrs — Months — Days

Sex: Female

Color or Race: Colored

Birthplace: Anne Arundel Co

Occupation: House-wife

Where Residing if not at place of death

Married, Single or Widowed: Married

Name of Husband: Richard Harris

Father's Name: Unknown

Father's Birthplace: Anne Arundel Co.

Mother's Maiden Name: ~~Unknown~~ Susan Parker

Mother's Birthplace: Anne Arundel Co

Name of person giving information

How related to deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cardiac Dropsy — How long: Three months

Immediate — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John Riordan M.D.

Address: Annapolis Md

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: Elnora Hasty

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: camp Parole — County: A A

Date of death: 1904 — Month: Feb — Day: 12th — Age: Years: — Months: 11 — Days:

Sex: Female — Color or Race: Colored — Birthplace: A A Co

Occupation: — Where Residing if not at place of death:

TO BE ANSWERED BY NEAREST FRIEND

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: Wm Hasty — Father's Birthplace: A A Co

Mother's Maiden Name: Georgeanna Lane — Mother's Birthplace: Va

Name of person giving information: Mother — How related to deceased:

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus — How long:

Immediate: Exhaustion — How long: Months

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John Ridout M.D.

Address: Annapolis Md

Accident or Suicide?

LIBRARY BUREAU A88616

Name in Full: Frederick Heinbuch Sr.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Eastport — County: A.A. Co.

Date of death	Month	Day	Years	Months	Days
1904	Feb.	22 d	Age 72	11	29

Sex: Male — Color or Race: White — Birthplace: Germany

Occupation: Cabinet maker — Where Residing if not at place of death: Eastport.

Married, Single or Widowed: Widower — Name or Wife or Husband: Elizabeth

Father's Name: — Father's Birthplace: —

Mother's Maiden Name: — Mother's Birthplace: —

Name of person giving In formation: Frederick Heinbuch Jr. — How related to deceased: Son.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: La Gripe — How long: 4 days

Immediate: Pneumonia — How long: 3 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Wm S Welch

Address: Annapolis Md

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: Caroline L. Holland

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Waterbury; County: Anne Arundel

Date of death: Month: Feb. 1904; Day: 28; Years: Age 8; Months; Days

Sex: Female; Color or Race: Black; Birthplace: A. A. Co. Md

Occupation; Where Residing if not at place of death

TO BE ANSWERED BY NEAREST FRIEND

Married, Single or Widowed: Single; Name of Wife or Husband

Father's Name: Thomas Holland; Father's Birthplace: Md

Mother's Maiden Name: Lizzie Brewer; Mother's Birthplace: Va

Name of person giving Imformation: Mrs. Holland; How related to deceased: Foster

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bright's disease; How long: 10 mos.

Immediate: Heart failure; How long:

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: H. B. Garrett M.D.

Address: Millersville Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full — Hunter

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Annapolis — County: A A

Date of death: Month: Feb — Day: 28 — Year: 1904 — Age: M — Years — Months — Days

Sex: Male — Color or Race: Colored — Birthplace

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

Father's Name: Danna Hunter — Father's Birthplace: Md

Mother's Maiden Name: Maggie Howard — Mother's Birthplace: City

Name of person giving Information: Mother — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Still born — How long

Immediate — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John Ridout MD

Address: Annapolis Md

Accident or Suicide?

LIBRARY BUREAU A83616

Name in Full: James Johnson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Annapolis; County: A A

Date of death: Month: Feb; Day: 22nd; 1904

Age: Years: 1; Months: 6; Days:

Sex: Male

Color or Race: Colored

Birthplace: Annapolis

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: Isaac Johnson

Father's Birthplace: A A Co.

Mother's Maiden Name: Blanche Stepney

Mother's Birthplace: A A Co.

Name of person giving Information: Grand-Mother

How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus

How long: Two months

Immediate: Exhaustion

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John Ridout M.D.

Address: Annapolis Md

Accident or Suicide?

LIBRARY BUREAU A48815

Name in Full: Johnson

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Annapolis — County: A A

Date of death: 1904 — Month: Feb — Day: 20th — Age: Years ___ Months ___ Days ___

Sex: Female — Color or Race: Colored — Birthplace:

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Thomas Johnson S. — Father's Birthplace: Annapolis

Mother's Maiden Name: Bessie Sball — Mother's Birthplace: Annapolis

Name of person giving In formation: Mother — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Still-born — How long:

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of ~~Physician~~: Annie Brown

Address: Midwife Annapolis Md

Accident or Suicide?

LIBRARY BUREAU A88016

Name in Full: Annie A Jones

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Annapolis — County: A. A. Co.

Date of death 1904 — Month: Feb. — Day: 12 — Age: Years 51 — Months 7 — Days —

Sex: Fem Mail — Color or Race: White — Birthplace: Baltimore

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: Moved — Name of Wife or Husband: Barnon Jones

Father's Name: — Father's Birthplace: —

Mother's Maiden Name: — Mother's Birthplace: —

Name of person giving Information: Mr Jones — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Severe Burn — How long: —

Immediate: Septicaemia & exhaustion — How long: 9 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Sewell S. Hepburn M.D.

Address: Annapolis Md.

Accident or ~~Suicide~~?

LIBRARY BUREAU A48616

Name in Full: Mary A Kilmon

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Annapolis; County: Anne Arundel

Date of death: Month: Feb. Day: 15. Year: 190[illegible]

Age: Years: 7[illegible] Months: 9. Days:

Sex: Female. Color or Race: White. Birthplace: Balto

Occupation: Housewife. Where Residing if not at place of death:

Married, Single or Widowed: Married. Name of Wife or Husband: Wm P Kilmon

Father's Name: Patrick McGuire. Father's Birthplace: Ireland

Mother's Maiden Name: Julia Quinn. Mother's Birthplace: Do

Name of person giving information: Wm Kilmon. How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: How long

Immediate: Intermittent Fever. How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo Wells M. D.

Address: Annapolis Md

Accident or Suicide?

LIBRARY BUREAU A38516

Name in Full: Alex Lane

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Camp Parole — County: A A

TO BE ANSWERED BY NEAREST FRIEND

Date of death: 1904 — Month: Feb — Day: 11th — Age: Years: 23 — Months — Days

Sex: Male — Color or Race: Colored — Birthplace: A A. Co.

Occupation: Laborer — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: John W. Lane 93 — Father's Birthplace: A A Co.

Mother's Maiden Name: Mary Lane — Mother's Birthplace: A A Co.

Name of person giving Information: Father — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: Two days

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John Richardson MD

Address: Annapolis MD

Accident or Suicide?

LIBRARY BUREAU A68816

Name in Full: Blanche V Lowman

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Brooklyn — County: A A

Date of death 1904 — Month: 2 — Day: 4 — Age — Years: — Months: — Days: 24

TO BE ANSWERED BY NEAREST FRIEND

Sex: Female — Color or Race: White — Birthplace: Md

Occupation: — Where Residing if not at place of death: —

~~Married~~, Single or ~~Widowed~~ — Name of Wife or Husband: —

Father's Name: Gus Lowman — Father's Birthplace: Md

Mother's Maiden Name: V Della Hawkins — Mother's Birthplace: "

Name of person giving In formation: Guy Lowman — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Convulsions — How long: 3 days

Immediate: " — How long: "

Are the name, age, sex, color, date and place correctly given above? yes — Signature of Physician: Wm L Hawkins Cus

Address: Brooklyn Md

~~Accident or Suicide~~?

LIBRARY BUREAU A55015

Name in Full: Caroline Leowman

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Odenton — County: Anne Arundel — MARYLAND

Date of death: Month: February — Day: 3 — Years: 66 — Months: — Days: 6

Sex: female — Color or Race: White — Birthplace: Millersville Odenton

Occupation: House Wife — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Richard Leowman

Father's Name: Denton Hammond — Father's Birthplace: A A Co Md

Mother's Maiden Name: Sallie Shoaf — Mother's Birthplace: Odenton Md

Name of person giving Imformation: Richard Wesley Leowman — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Valvular disease of the Heart — How long: 3 Years

Immediate: Dropsey — How long: 2 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J W Du Bois M D

Address: Gambrills Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Sherwood Mc. Carter

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: South River; County: Anne Arundel

Date of death: Month: Feb; Day: 29; 1904

Age: Years: 28; Months; Days

Sex: Male

Color or Race: White

Birthplace: Maryland

Occupation: Osterman

Where Residing if not at place of death: South River Md.

Married, ~~Single~~ or Widowed

Name of Wife or Husband: Mary Wheeler

Father's Name: William Mc. Carter

Father's Birthplace: Maryland

Mother's Maiden Name: Fanny Baker

Mother's Birthplace: Anne Arundel

Name of person giving Information: Wesley Gardner

How related to deceased: Uncle

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Phthisis — How long: 1 yr

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John Covlenier

Address: South River Md

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: Ray P. Matthews.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town)	Annapolis		(County)	Anne Arundel	
Date of death	1904	February	27	Age: Years	20
Months	9	Days	16		
Sex	Male	Color or Race	White	Birthplace	Wellsville Mo.
Occupation	Sailor	Where Residing if not at place of death	—		
Married, Single or Widowed	Single	Name of Wife or Husband	—		
Father's Name	Robert J. Matthews	Father's Birthplace	—		
Mother's Maiden Name		Mother's Birthplace	—		
Name of person giving Information	Charles S. Bookwalter	How related to deceased	None.		

PHYSICIAN OR CORONER

CAUSES OF DEATH

Primary: Accidental, Verdict of Jury. — How long

Immediate — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: John N Davis acting Coroner

Address

Accident or Suicide? Accident

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LIBRARY BUREAU A33516

Name in Full: John A Jenkins

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Annapolis; County: A A

Date of death: 1904; Month: 12; Day: 9; Age: Years: 1; Months: 3; Days:

Sex: Male; Color or Race: White; Birthplace: Annapolis

Occupation: —; Where Residing if not at place of death: —

Married, Single or Widowed: Single; Name of Wife or Husband: —

Father's Name: Wm H. Jenkins; Father's Birthplace: Annapolis

Mother's Maiden Name: Lajah C Cole; Mother's Birthplace: "

Name of person giving information: Sarah C. Cole; How related to deceased: Grandmother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Inflammation of Bowels; How long: 1 month

Immediate: Exhaustion; How long: "

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Ewell S. Hepburn

Address: Annapolis Md

Accident or Suicide?

LIBRARY BUREAU A8U618

Name in Full: Amriah Parker

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Harwood — County: Anne Arundel

Date of death: Month: 2 — Day: 27 — Years: 46 — Months: — — Days: —

Sex: Male — Color or Race: Colored — Birthplace: Harwood Md

Occupation: Laborer — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Margaret Ann

Father's Name: Nelson Parker — Father's Birthplace: Harwood Md

Mother's Maiden Name: Unknown — Mother's Birthplace: Unknown

Name of person giving information: Wm Hawkins — How related to deceased: Friend

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Brights Desease — How long: 2 years or more

Immediate: Uraemia — How long: 2 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo W Latimer MD

Address: West River

Accident or Suicide? Neither

LIBRARY BUREAU A88618

Name in Full: Robt. L Parkinson

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Annapolis — County: A A.

Date of death: Month: Feb 2 — Day: 2 — Years: — Months: 1 — Days: —

Sex: Male — Color or Race: White — Birthplace: Annapolis

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Geo Parkinson — Father's Birthplace: —

Mother's Maiden Name: Annie Lee — Mother's Birthplace: —

Name of person giving In formation: Geo. Parkinson — How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Insufficient Oxygen & Lung Collapse — How long: 1 day

Immediate: Carbon Dioxide Poisoning — How long: 1 day

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Wm S Welch

Address: Annapolis

Accident or Suicide? —

LIBRARY BUREAU

Name in Full: Emma M Pumphrey

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Glen Burnie — County: aa

Date of death 1904: Month: Jan — Day: 19 th — Age: Years: 58 — Months: 4 — Days:

Sex: male — Color or Race: white — Birthplace: a a Co

Married, Single or Widowed: married — Occupation: farmer

Name of Wife or Husband: Eugenie Simms

Father's Name: John L J. Pumphrey — Father's Birthplace: a a Co

Mother's Maiden Name: Henrietta A Cromwell — Mother's Birthplace:

Name of person giving In formation: Charles Simms — How related to deceased: Bro in law

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: — How long:

Immediate: Paralysis — How long: 24 hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Ellis Brayshaw

Address: Glen Burnie

Accident or Suicide?

LIBRARY BUREAU A86516

Name in Full: Carletta Geneva Queen

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Parole; County: Anne Arundel

Date of death: 1904; Month: July; Day: 25; Age: Years —; Months; Days: 9

Sex: Girl; Color or Race: Colored; Birthplace: Anne Arundel Co.

Occupation:

Where Residing if not at place of death: A. A. Co

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: Elisha Queen; Father's Birthplace: A. A. Co

Mother's Maiden Name: Lovie Woodhouse; Mother's Birthplace: A. A. Co

Name of person giving information: Elisha Queen; How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Abscess; How long: 1 day

Immediate: "

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: no Physician

Address: H R Walton, Annapolis Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Howard A Richardson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Annapolis; County: A A

TO BE ANSWERED BY NEAREST FRIEND

Date of death: 1904 Month: Feb Day: 4th 4

Age: Years: 4 Months: 6 Days:

Sex: Male

Color or Race: Colored

Birthplace: Annapolis

Occupation: Child

Where Residing if not at place of death:

Married, Single or Widowed: —

Name of Wife or Husband: —

Father's Name: George Richardson

Father's Birthplace: Annapolis

Mother's Maiden Name: Louisa Simple

Mother's Birthplace: Annapolis

Name of person giving In formation: Uncle

How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pertussis

How long: Several weeks

Immediate: Pneumonia

How long: Six days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John Ridout M.D.

Address: Annapolis Md

Accident or Suicide?

LIBRARY BUREAU Add816

Name in Full: Frederick Rullman.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Annapolis; County: Anne Arundel

Date of death: Month: Feby. Day: 7th 1904

Age: Years: 74 Months: 9 Days: 11

Sex: Male Color or Race: White Birthplace: Brelofred Germany

Occupation: Retired business man Where Residing if not at place of death:

Married, Single or Widowed: Married Name of Wife or Husband: Adelia

Father's Name: Father's Birthplace:

Mother's Maiden Name: Mother's Birthplace:

Name of person giving information: W. H. Rullman. How related to deceased: Son.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Valvular Dis. Heart How long: Two years

Immediate: Bronchitis How long: Two days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Geo. Weller

Address: Annapolis Maryland

Accident or Suicide? no.

LIBRARY BUREAU A8881

Name in Full: Barbara Schuaman

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mesonville — County: A. A.

Date of death: Month: Feb — Day: 13 — 1904 — Age: Years: 53 — Months: — Days: —

Sex: Female — Color or Race: White — Birthplace: Switzerland

Occupation: House Keeper & Washerwoman — Where Residing if not at place of death: —

Married, Single or Widowed — Name of Wife or Husband: John Schuaman

Father's Name: Unknown — Father's Birthplace: —

Mother's Maiden Name: ~~Barbara Barry~~ Unknown — Mother's Birthplace: —

Name of person giving Imformation: Otto Mady — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gneral Breaking down — How long: about 6 Mos.

Immediate: Heart Failure — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Thos. B. Horton M.D.

Address: Ho. Balto. Md

~~Accident~~ or Suicide?

LIBRARY BUREAU A88816

Name in Full J. Henry Smith

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Annapolis — County: A A

Date of death 1904 — Month: Feb — Day: 5th — Age: Years 1, Months 11, Days

Sex: Male — Color or Race: Colored — Birthplace: Annapolis

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

Father's Name: Wm Smith — Father's Birthplace

Mother's Maiden Name: Eliza Brown — Mother's Birthplace: A A Co

Name of person giving Information: Mother — How related to deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Dentition — How long

Immediate: Meningitis — How long: Five days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John Ridout M.D.

Address: Annapolis Md

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: John Wesley Spriggs

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: South River — County: Anne Arundel

Date of death 1904 — Month: Feb — Day: 27 — Age — Years: 9 — Months — Days

Sex: Male — Color or Race: Colored — Birthplace: Maryland

Occupation — Where Residing if not at place of death: South River Md.

Married, Single or Widowed — Name of Wife or Husband

Father's Name: Unknown — Father's Birthplace

Mother's Maiden Name: Lot Wells — Mother's Birthplace

Name of person giving In formation: Moses Wells — How related to deceased: Uncle

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Drowning — How long

Immediate: Suppocated — How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John Collinson

Address: South River Md

Accident or Suicide?

LIBRARY BUREAU A88610

Name in Full: Frank Stewart

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Churchton; County: A A

Date of death: Month: Feb; Day: 22; 1904

Age: Years: —; Months: —; Days: 1

Sex: Male

Color or Race: Colored

Birthplace: Md

Occupation: None

Where Residing if not at place of death:

Married, Single or Widowed: Single

Name of Wife or Husband: —

Father's Name: Emory Stewart

Father's Birthplace: Md

Mother's Maiden Name: Mary Kirby

Mother's Birthplace: Annapolis, Md

Name of person giving Imformation: Emory Stewart

How related to deceased: Father

150.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Hydrocephalus — How long: Congenital

Immediate: Convulsions — How long: 1 Day

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Geo. T. Smith

Address: Churchton Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Miss Nannie E Stuart

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Edmont — County: A.A

Date of death: Month: Feb. — Day: 7- — Age: Years: 24 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Annapolis

Occupation: Cert. Instructor — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Rebecca Stuart — Father's Birthplace: Annapolis

Mother's Maiden Name: Sallie F. Brome — Mother's Birthplace: Baltimore

Name of person giving In formation: Sallie F. Stuart — How related to deceased: Mother

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis — How long: Nine Months

Immediate — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. J. Murphy

Address: Annapolis Md.

Accident or Suicide?

LIBRARY BUREAU A66616

Name in Full: Richard Taylor

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Annapolis; County: Anne Arundel

Date of death: Month: July; Day: 4; 1904

Age: Years: about 48; Months; Days

Sex: Male

Color or Race: Colored

Birthplace: Annapolis

Occupation: Laborer

Where Residing if not at place of death: Cor Gay St.

[redacted] Widowed

Name of Wife or Husband: Rachel Taylor

Father's Name: Unknown

Father's Birthplace: Unknown

Mother's Maiden Name: Unknown

Mother's Birthplace: Unknown

Name of person giving information: Moriah Conner

How related to deceased: a friend

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis, Probably

How long: don't know

Immediate: Pulmonary Hemorrhage

How long: few minutes

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: W. Clement Claude MD

Address: 9 St. John St Annapolis, Md.

Accident or Suicide?

LIBRARY BUREAU A2S516

Name in Full: Bertha Tregue

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: West River; County: aa

Date of death: 1904 Month: 2 Day: 2

Age: Years: 38 Months: 1 Days: 3

Sex: Female Color or Race: Black Birthplace: Harwood Md

Occupation: Cook Where Residing if not at place of death: —

Married, Single or Widowed: Married Name of Wife or Husband: Rich Tregue

Father's Name: Unknown Father's Birthplace: Unknown

Mother's Maiden Name: Bertha Brown Mother's Birthplace: Unknown

Name of person giving In formation: Wm Brown How related to deceased: none

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Haemorrhage - Placenta Previa How long: 3 days

Immediate: Syncope How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Guy W Ratemer

Address: West River md

Accident or Suicide? Neither

PHYSICIAN OR CORONER

LIBRARY BUREAU A88016

Name in Full: Eugine Tucker

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: West River — County: aa

Date of death: Month 2 — Day 3 — Years 8 — Months 3 — Days 11

Sex: Male — Color or Race: White — Birthplace: Davidsonville

Occupation: School child — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Wm H. Tucker 93 — Father's Birthplace: Md

Mother's Maiden Name: Maggie Ridgeways — Mother's Birthplace: Md

Name of person giving Information: Wm H. Tucker Jr. — How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia Lobar — How long: 9 days

Immediate: Syncope — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Guy W Palmer

Address: West River Md

Accident or Suicide? Neither

LIBRARY BUREAU A33316

Name in Full: Richard Turner

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Annapolis — County: Anne Arundel

Date of death 1904: Month: Feb — Day: 7 — Age: Years: 38 — Months: 10 — Days:

Sex: Male — Color or Race: Colored — Birthplace: a a Co.

Occupation: Laborer — Where Residing if not at place of death: 15 Calvert St.

Married, Single or Widowed: Married — Name of Wife or Husband: Mary Turner

Father's Name: Jacob Turner — Father's Birthplace: Prince Geo Co

Mother's Maiden Name: Mary Burnett — Mother's Birthplace: a a Co

Name of person giving information: Mary Turner — How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Nephritis 120 — How long: 10 weeks

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: William Bishop, MD

Address: Annapolis

14 Church Circle

Accident or Suicide? no

LIBRARY BUREAU A66816

Name in Full: Diantha VanVoorhis

CERTIFICATE OF DEATH

MARYLAND

Town: Annapolis County: Anne Arundel

TO BE ANSWERED BY NEAREST FRIEND

Died at

Date of death 190 4 — Month: Feb — Day: 13 — Age: Years: 67 — Months: — Days: —

Sex: Female — Color or Race: White — Birthplace: Maine

Occupation: Housewife — Where Residing if not at place of death: —

Married, Single or Widowed: Widowed — Name of Wife or Husband:

Father's Name: David Stockton McDougel — Father's Birthplace: Me

Mother's Maiden Name: Caroline Herrett — Mother's Birthplace: "

Name of person giving In formation: Mrs. LeBreton — How related to deceased: Sister

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Grip — How long: 10 days

Immediate: Heart Failure — How long: 3 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Durell S. Hepburn

Address: Annapolis Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: William Thomas White.

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Annapolis. — County: A. A. County

Date of death: Month: 1904 — Day: 6

Age — Years: 42 — Months: 5 — Days: 27

Sex: Male

Color or Race: White

Birth-place: Annapolis, Md

Occupation: Jeweler

Where Residing if not at place of death: X

Married, or Widowed: Widowed

Name of Wife or Husband: Clara W. White.

Father's Name: James R. White

Father's Birthplace: Annapolis, M

Mother's Maiden Name: Mary Jane Thomas

Mother's Birthplace: "

Name of person giving Information: John H. White

How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis

How long: Two years

Immediate: "

How long:

Are the name, age, sex, color, date and place correctly given above?: Yes

Signature of Physician: Geo. Wells.

Address: Annapolis. Maryland.

Accident or Suicide?: No

LIBRARY BUREAU

Name in Full: Esther Mary Williams

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Annapolis — County: Anne Arundel

Date of death 1904 — Month: 2nd — Day: 4 — Age: Years 7 — Months 6 — Days

Sex: Female — Color or Race: White — Birthplace: Boyds Md

Occupation: — — Where Residing if not at place of death: Boyds Md

Married, Single or Widowed: — — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Jno T Williams — Father's Birthplace: Boyds Md

Mother's Maiden Name: Ada Phelps — Mother's Birthplace: Boyds

Name of person giving Information: Jno T Williams — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Scarlet Fever — How long: 5 days

Immediate: Asthenia — How long: 24 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo Wells

Address: Annapolis Md

Accident or Suicide? No

LIBRARY BUREAU A88016

Name in Full: Eva Elizabeth Witt

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Shady Side; County: A. A.

Date of death: Month: Feb; Day: 15; 1904

Age: Years: 6; Months: 1; Days: 24

Sex: Female; Color or Race: White; Birthplace: Maryland

Occupation: Schoolgirl; Where Residing if not at place of death: —

Married, Single or Widowed: Single; Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Fred. Witt; Father's Birthplace: Germany

Mother's Maiden Name: Amelia Witt; Mother's Birthplace: Germany

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Name of person giving Imformation: Fritz Witt; How related to deceased: Uncle

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia; How long: 14 Days

Immediate: Heart Exhaustion; How long: 1 Day

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo. T. Dent

Address: Churchton Md

Accident or Suicide? —

LIBRARY BUREAU A8816